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Dociost Number (Options!) REISSUE APPLICATION DECLARATION BY THE INVENTOR 569-P-001 As a below named inventor, I hereby declare that: My residence, post office address and citizenship are stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed granted Apr. 24, 2001, and for which a in patent number 6,220,555 reissue patent is sought on the invention entitled DISPLAY DEVICE the specification of which is attached hereto. as reissue application number \_ was filed on and was amended on (If applicable) I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) SEP 2 6 2003 by reason of a defective specification or drawing. by reason of the patentee claiming more or less than he had the right to claim in the paten by reason of other errors. At least one error upon which reissue is based is described as follows: See attached Exhibit A.

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Burden Hour Statement. This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Tradement Office, Weshington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assessant Commissioner for Patents, Washington, DC 20231.



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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMS control number. Docket Number (Options.f) (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2) 569-P-001 All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Registration Number 18.999 Howard C. Miskin 42,188 Gloria Tsui-Yip Correspondence Address: Direct all communications about the application to: Customer Number Code Labe Type Customer Number here OR Firm or Individual Name Address Address. ZIP State City Country Fax Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed. Full name of sole or first inventor (given name, family name) Philip Cru Chase Inventors signature oct dow 18, 2001 Date Residence Rd.Shokan, NY 1248. <u>8 Heyden</u> Citizenship Post Office Address 8 Heyden Rd. Shokan, NY 12481 U.S.A. Full name of second joint inventor (given name, family name) Inventor's signature Date Residence Citizenship Post Office Address Full name of third joint Inventor (given name, family name) Date inventor's signature Citizenship Residence Post Office Address Additional joint inventors are named on separately numbered sheets attached hereto

(Reissue Application Declaration by the Inventor (PTO/SB/51) [17-6.2]—page 2 of 2)